

OCCUPATIONAL LICENSING



"Good Land • Good Living • Good People"
419 Washington Street • Shelbyville, KY 40065

REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT AND NOTIFICATION OF BUSINESS ACTIVITY CEASING WITHIN SHELBY COUNTY

BUSINESS NAME: _____

Account Number: _____ Date All Business Activity Ceased In County: _____

Reason for Closure Request: _____

ADDRESS: (CURRENT OWNER'S FORWARDING)

Name: _____ Phone: (____) _____

Address: _____
(Street) (City) (State) (Zip)

IS BUSINESS UNDER NEW OWNERSHIP: (NEW OWNER'S ADDRESS)

Name: _____ Phone: (____) _____

Address: _____
(Street) (City) (State) (Zip)

I CERTIFY THAT ALL BUSINESS ACTIVITY HAS CEASED WITHIN SHELBY COUNTY KENTUCKY AS OF THE DATE ABOVE. IT IS UNDERSTOOD THAT THE CLOSING OF THIS ACCOUNT SHALL IN NO WAY RELIEVE THE OWNERS OF THIS BUSINESS FROM ANY OCCUPATIONAL LICENSE FEES DUE THE COUNTY CURRENTLY, OR IN THE FUTURE, FROM BEING PAID.

Signature Date

Print Name Title